Evaluation of Inter-professional MHFA Training in Leicestershire: Interim Report

Dr Jessica Urwin and Jean Hine

De Montfort University

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Executive Summary

Introduction and Method

- Inter-professional Mental Health First Aid (MHFA) training courses within Leicestershire between May 2016 and June 2017 have been evaluated.
- Course attendees completed questionnaires at the start and end of the course and were emailed a follow up questionnaire 3 months after the course.
- A small sample of attendees were interviewed six or more months after the training to understand how the training has been applied in practice.

Findings

- Most attendees (55%) said that their work was very directly related to mental health (score 8-10) and 66% of attendees currently worked with mental health professionals.
- Most attendees (60%) reported limited knowledge of mental health (score 1-5) prior to the training.
- A mix of professionals and organisations were represented at the courses, with health and policing professions having the greatest representation.
- The course has been received very positively by attendees
    - 93% felt it was a good use of their time
    - 95% learned something they did not know before
    - 96% intend to use the training in future
- Increased confidence was reported by many attendees.
- The mix of professionals was seen as beneficial to learning, allowing understanding of mental health services in a broader context and developing inter-professional links.

Recommendations

- Course advertising should give more information about the content of the course and who would benefit from attendance.
- Augment basic course materials with information regarding local mental health support and care pathways and organisational contacts.
- Allow time for discussion of local issues within the course.
- Build in extra time for discussion of attendee professions and their service links to mental health.
- Provide guidance to attendees and their managers about the MHFA role within the workplace and establish supporting structures.

Introduction

Mental Health First Aid (MHFA) is a nationally recognised accredited training programme overseen by a Community Interest Company. The training supports delegates to identify the signs that someone may be becoming mentally unwell and to provide immediate help on a first aid basis. It was developed in Australia in 2000. The aim of this was to develop skills within the population to support individuals' mental health and wellbeing, and to encourage individuals to access mental health support (MHFA England, 2017). MHFA England was launched in 2007 by the Department of Health and The National Institute of Mental Health in England (NIMHE). The aim of this was to develop a team of instructors across the country to offer MHFA courses within communities, schools, and workplaces. It is hoped that 1 in 10 of the population in England will be MHFA trained, allowing the 1 in 4 individuals who experience mental health needs to be supported to recover or manage their symptoms by those around them (Time to Change, 2014).

MHFA training is not a clinical qualification and focuses on developing understanding and knowledge of what mental health is, how specific conditions impact upon the lives of individuals, and how to support those around us. This support may take the form of having a conversation about mental health needs, first aid in reducing immediate concerns, or signposting to appropriate services. Stigma has a large impact upon the experience of mental health, and inhibits individuals from accessing care and support (Corrigan & Wassel, 2008). MHFA training aims to reduce stigma and remove barriers to support through improving understanding and knowledge of mental health amongst the general population.

Due to the broad application of MHFA training there have been a number of studies investigating its effectiveness and impact over time, with mixed results (Booth et al., 2017). There is evidence that MHFA training is seen as valuable by those that receive it (Svensson & Hansson, 2014), and increases confidence in providing support (Kirschbaum, Peterson, & Bridgman, 2016; Kitchener & Jorm, 2016). However, it is not clear if this benefit is sustained over time (Booth et al., 2017; Svensson & Hansson, 2014). MHFA training has been evaluated in relation to a number of professional groups, with health and policing professions being a focus. There is evidence that practices change regarding individuals with mental health following the training, with fewer arrests or involuntary admissions for treatment taking place (Booth et al., 2017). Understanding how MHFA training impacts upon inter-professional working is less frequently considered, and is a focus of this evaluation.

There are a number of different MHFA training courses: MHFA Adult, MHFA Youth, MHFA, Higher Education MHFA, and Armed Forces MHFA. This project involves the MHFA Adult course. Those attending this two day course become Mental Health First Aiders. Leicestershire County Council

Learning and Development Service have been working with MHFA England to deliver the two day course to staff since April 2012 (Penfold, 2016), aiming to increase confidence in supporting both colleagues and service users with mental health needs. In 2016 the Leicestershire Mental Health Strategy Group commissioned a programme of mental health training to be delivered to local professionals from a range of organisations across the city and county. Such training is usually delivered to single professional groups but uniquely this training would be delivered to mixed groups with the aim of enhancing inter-professional understandings of roles and experiences in relation to working with people with mental health issues, as well as providing participants with the knowledge and skills to work with these people more effectively.

Researchers from De Montfort University were approached to evaluate the training in terms of usefulness, knowledge development, inter-professional links, and practice applications. The interim results of this research are the focus of this report.

Method

A comprehensive mixed-methods approach has been used, a key aspect of which has been the involvement of mental health service users and carers in all aspects of the study, from detailed design and delivery of the research to analysis. The evaluation design incorporates both qualitative and quantitative components. All participation in the research has been voluntary, confidential, and all data has been stored in accordance with the Data Protection Act. Prior to commencement, the research was approved by the De Montfort University faculty research ethics committee.

Questionnaires were developed to complement those given to course attendees as part of the MHFA package. They were given out at the beginning of the course (pre-course) and at the end of the course (post-course). An online survey was emailed to participants around three months after they attended (follow up). The questionnaires used a mixed-methods approach, including Likert scales, multiple choice questions, and open answer questions. This collected some information in a standardised format that allowed for aggregation and comparison, and also allowed for the course attendees to offer their individual views. Questions included: the reasons for attendance, the hoped outcome of attending, the links to mental health in their work, if they enjoyed the course, what they learned, if the course achieved their expectations, who else attended, and to whether the mix of professionals was useful.

At the time of writing information has been collected from 135 course attendees of 11 courses, between May 2016 and August 2017. This report is based on detailed analysis of the responses of 122 attendees of the first 10 courses between May 2016 and June 2017. The follow-up survey has

been completed by 28 individuals (20% of all attendees), which is a disappointing return, however, this is in line with typical response rates for online surveys.

Any quotes used in this report have been anonymised, and with potentially identifying information (e.g. profession, location) removed.

Findings

Attendees

Ten courses were delivered between May 2016 and June 2017. The course has a maximum attendance of 16 people and attendance at these courses ranged between 6 and 15. There was some low attendance in early courses but latterly the courses have an attendance of 13 to 15 people. Some places on each course were specifically allocated for police and health staff, and thus they accounted for 33% and 21% of attendees respectively. Other organisations represented included Leicester City Council, District Councils and the County Council, as shown in Table 1 below.

Table 1: Most frequently represented organisations.

Organisation	Frequency
Connexions (LCC)	2
East Midlands Ambulance Service	4
Harborough District Council	2
Hinckley and Bosworth Council	13
Leicester City Council	24
Leicester Royal Infirmary	6
Leicestershire County Council	7
Leicestershire Police	44
LPT NHS Trust	2
SLF	2
University Hospital Leicester	11

Within each organisation a range of professions were represented, the most common of which are presented in table 2 below.

Table 2: Most frequently attending professions.

Profession	Frequency
Deputy Sister	6
Detective Constable	7
Family support facilitator	5
Family support worker	8
Police Constable	7
Police Officer	17
Staff nurse	8

One of the aims of this evaluation is to consider the benefits of the course in terms of inter-professional working, so it is important to see that a variety of professionals is represented. Of these professions, some are from the same organisation, for example detective constables, police constables, and police officers. This has implications for the inter-professional aspects of the course, facilitating learning and understanding within organisations as well as between them.

Having a variety of professionals attending the course is in-line with the aim to improve inter-professional working and communication regarding mental health in the workplace. From this it seems that MHFA training is accessible to a wide variety of professions, which is in line with the aims of the initiative. This also suggests that organisations within the local area recognise the need for professionals to have an understanding of mental health, even if this is not directly related to their job. Nearly all attendees (93%) said that they had a public or service user facing role.

Almost half of the attendees (46%) said that their manager had recommended they attended the course and 26% said that it had been recommended by a colleague, suggesting that communication about the course is important.

Pre-Course Perceptions

A majority of attendees said their work was strongly related to mental health. Responses on a scale of 1-10 (1=not at all related, 10=highly related) showed a range of views: the mean score was 7.82, and 57% gave a rating of 8-10. Almost all (90%) expected to use their training with service users and two thirds (66%) said they worked with mental health professionals. 62% said they wanted their role to have a greater focus on mental health. When asked to score their current knowledge of mental health on a scale of 1-10 (1 being lowest), the mean score was 5.03, with a range between 1 and 8: 60% gave a score of 5 or less even though 57% said that they had attended mental health training in

the past. Given that a majority of attendees felt that their work related to mental health, this lack of knowledge may suggest reasons for attending the course. This is supported by the qualitative comments: course attendees specifically discussed the relevance to their work, wanting to help service users, and wanting to develop their knowledge as reasons for wanting to attend.

> "To gain a better understanding of MH issues and to be able to spot signs and support people who need it"

> "At work we deal with mental health in the community more and more often. Any tools to deal with mental health would be useful"

> "I wanted to develop my skills and learn more about how I could help and what role I would play in mental health first aid"

Developing understanding was a recurring comment, as was the desire to learn practical skills to support those with mental health needs. The course name including the phrase "first aid" seemed to develop an expectation amongst course attendees that practical skills would be covered, and that specific strategies for supporting those experiencing mental health needs would be given during the two days. When asked about their hoped outcome for the course, a key theme was confidence. Potentially linked to a perceived lack of knowledge regarding mental health; attendees wanted to improve their confidence in supporting others, through the development of practical skills and knowledge.

> "Hope to recognise signs of mental health problems and be able to deal with this accordingly"

> "The ability to recognise MH problems and initially deal with them. Know when this is beyond my level and how to deal with it. Assess need for further training and appropriate level and courses"

> "Increase knowledge of MH conditions and how to appropriately manage them"

> "A better understanding MH and tools to help work with people who have MH"

Throughout these comments the phrase "deal with" occurred frequently in relation to individuals with mental health needs or requiring mental health support. This suggests attitudes towards mental health as something that is controllable, and it does slightly objectify individuals who experience mental health needs. This could suggest stereotyped and stigmatised views of mental health, with some attendees expressing concerns regarding talking to individuals with mental health

needs, grouping these individuals together as 'them', or presenting mental health needs as a defining characteristic of a person. Whilst these terms may seem subtle or insignificant, it is representative of the way in which stigma regarding mental health needs is insidious, and highlights the type of language that professionals may use which could be off-putting to service users or members of the general public with mental health needs who are trying to access services. However attendees have acknowledged their lack of understanding and awareness of mental health issues, and attendance on the course suggests a desire to address this. Developing confidence was a key theme in the comments of course attendees.

Beyond improved knowledge and understanding, there were specific things attendees wanted to learn from the course; such as signs of mental health needs, knowledge of what services are available, and practical strategies for what to do when a mental health need becomes apparent. Such comments suggest a lack of knowledge and understanding of not only mental health as a concept, but the sector as a whole. If professionals do not know what support is available, or what pathways there are to access support, this makes it less likely that those in need will be supported to access these services. Inter-professional MHFA training can play a key role in developing understanding of available services on a local level.

Post-Course

Responses to the end of course questionnaire show very high levels of satisfaction. The mean score for enjoyment of the course was 8.86 (88% rated their enjoyment as 8-10) and 93% felt the course was a good use of their time. The following are some examples of what attendees said about why it was a good use of their time. :

> "Learned a lot, expanded knowledge, learned practical tips"
>
> "Relevant, practical learning for current role"
>
> "I feel I have learned a lot and improved my confidence"
>
> "Learnt a lot and made me feel confident to know what to do if I ever come across this"
>
> "Because I learned things that will improve how I work"
>
> "I learned loads of new things which is very useful in work place and family life"
>
> "Insight into MH and resources available to signpost"

> "Defo- learnt a lot about mental health, how use with service users, how to support and signpost"

> "Lots of relevant information, insights, strategies"

Almost all (95%) said they had learned something from the course. In answer to the question "What was the most important thing you learned?" comments included:

> "Learnt coping strategies for others/myself"

> "ALGEE, open questions/listen, encourage discuss options- help person decide on option most useful for them"

> "mental ill health is more common than I thought"

> "Non judgemental- there is a recovery plan. Other services available"

> "All of it really as this gave an overall understanding of reasons why someone may present in certain ways."

> "an understanding to what is around us in our work and how to assist us if a scenario ever occurs"

> "The range of mental illnesses, how common they can be. The manual is an excellent resource"

> "I learned quite a bit about myself as well as around mental health"

> "To remain none judgemental and keep interaction simple. Not to try and resolve the problem"

> "Listening is key in all situations-non judgementally"

Of the few who did not feel they had learned something, there was a greater prior knowledge of mental health, and their comments suggested that the course covered things that they already knew. Whilst this was a small minority of course attendees, it may be useful to ensure the level of the course is clear in advertisements or preliminary materials.

More than half (59%) said their view of individuals with mental health needs had changed, and the following are examples of how they felt their views had changed:

> "Not a negative stigma, need to support and reassure"

"More understanding of psychosis and suicide"

"more respect for the underlying causes of behaviours"

"Listen- you don't have to have all the answers"

"I feel I understand more and that they aren't as dangerous or violent as they are perceived"

"To be more aware of the individual rather than just their mental health needs"

"I will no longer judge but try to understand, listen and offer support"

It is positive that a number of these comments suggest greater empathy for individuals with mental health needs, and recognising the falsehoods that commonly occur regarding mental health. This suggests that the training is successful in reducing stigma as it aims to do.

Attendees overwhelmingly felt that the course had given them the information and skills they were hoping for: 82% said it did this fully and 13% said partially. Just 2% of attendees said not at all. In response to the question about what they would have wanted included most of the comments were asking for something more specific or detailed, such as "further details on befriending and family intervention", "More on capacity/Mental Health Act. More in-depth knowledge", "how to distinguish between mental health and personality hate issues", and "More local information".

Attendees were also asked about how they might use this training in the future, again with positive feedback. 95% hoped to use the training with service users, 86% with colleagues and 88% with family and friends. Almost two thirds (64%) wanted their role to have a greater focus on mental health in the future, and almost as many (57%) said they would be identified as a mental health first aider in their workplace. Quite a few people were unsure about how they could do this, but some said they would speak to their manager. Others suggested wearing their badge, speaking to colleagues, saying something in staff meetings, putting something on the intranet, emailing colleagues, or putting up a notice. This highlights a need to clarify what is expected of MH first aiders once they have completed the training. This may partially be the responsibility of managers, as they are authorising the training. Whilst almost all of the respondents felt that the training was useful and they had improved their knowledge and understanding of mental health, unless they had an opportunity to utilise these skills it was unclear how the training would be applied in practice. This is an area where more advice would be valued by attendees.

Follow up

The follow-up survey included a question regarding perceived level of knowledge relating to mental health. Whereas the average score prior to the course was 5.03, of those who completed the follow-up questionnaire the mean score was 7.26, with median and mode scores of 7. This shows a marked improvement in perceived knowledge of mental health following the course, and that this improvement was maintained within the months following attending. Confidence in supporting individuals with mental health needs was also at a good level. On a scale of 1-10 (1=low) the mean response on the follow-up questionnaire was 7.04, with a median score of 7.5, and a mode score of 8. As the comments in the pre-course questionnaire suggested a lack of confidence in supporting individuals with mental health needs, these scores are encouraging, and potentially suggest the improvement in confidence is due to the increased knowledge and understanding that the course delivered. However, as only a small proportion of attendees completed the follow-up questionnaire, these findings are tentative.

The improved knowledge that course attendees reported related to four main themes: helping, learning, practical strategies, and links to work. There was improved confidence in being able to support others, particularly when at work. This seems to be largely related to an improved understanding of what mental health is. Whereas the comments prior to the course tended to focus on knowledge and factual information, the post-course comments focused on improved understanding. This suggests that by improving awareness of mental health, course attendees' idea of what was important or needed to support other's mental health needs changed, as reflected in the immediate post-course questionnaire. The language used by respondents also reflects a positive change, with less potentially stigmatising language such as "deal with" and referring to individuals with mental health needs as "them". Rather than a desire for practical strategies to 'deal with' mental health needs, the follow up respondents discussed their learning in terms of communicating with others regarding their mental health, and being able to offer support. Information regarding the range and prevalence of mental health needs was mentioned in conjunction with this by course attendees.

> "Mental health is not as scary as it sounds"
>
> "Mental health can happen to anyone."
>
> "Not to fear mental illness. Play your part in helping someone by putting aside the myths and stigmas and remember there but for the grace of god go I."

One aspect of learning that was seen as very useful by course attendees was the practical methods and strategies taught within the course. These were viewed as simple enough to remember and use, but also as something that would be effective in their working lives. This was also seen as useful outside of work, with a number of attendees commenting about using these techniques with friends and relatives if needed. The simplicity and broad applicability of techniques such as the 'flapping bird' or breathing exercises meant that attendees felt confident in their ability to use them. In this aspect the course fitted the title of 'first aid', giving attendees the skills to intervene or offer support.

> "The ALGEE framework will be really useful. Really needed to see the link between first aid and MH and this course helped with that"

Being able to apply the knowledge gained from the training to work was a key benefit for the attendees. They found this to be very useful and something that made the course worthwhile.

In terms of taking the learning from the course forward there was less consensus. Some respondents were concerned that being identified as a MH first aider within their workplace would mean that they would be responsible for addressing all mental health related queries within their team. It was also not clear if first aiders would use their skills with service users, colleagues, or both. The way in which the training is written and delivered suggests a focus on colleagues, however, some respondents seemed uncomfortable with the idea of supporting all of their colleagues. Others were concerned about the potential demands on their time. When individuals are initially attending the training it may be useful to encourage them to consider what they want to achieve, and how they want this training to support their work. Managers need to discuss this issue with their first aiders to agree how this role fits with their workload.

Inter-professional Experience

Specific questions were asked of attendees about the mix of organisations and professionals on their course and how they felt about this, and the response was extremely positive. They were asked to score the professional mix on a scale between 1 'detrimental' and 10 'beneficial'. More than half (54%) gave a score of 10, with a further 30% giving a score of 8 or 9: the lowest score was 5. When asked the reason for their score responses included:

> "Everyone has a different viewpoint and agenda, so it is useful to hear everyone's point of view to get a balanced view myself"

> "Deal with the same clients/victims, same knowledge base"

> "Insight into different ways that come into contact with MH"
>
> "Everyone contributed and made valuable comments/observations"
>
> "The differences in ways we all work and the ways we can link together was good to hear"
>
> "Because to solve issues in community we all have a role to play in mental health treatment in the community"

Almost half of the attendees (42%) said that they had made new professional links from the course. In the follow up the mix of professionals in particular made the relevance to the workplace apparent, and was a key source of learning for attendees. Having the opportunity to attend two days of training with other professionals allowed time for discussions, and improved understanding of what other's roles and professional responsibilities were. Attendees suggested that they felt more confident referring to other services, as they better understood what options they had in relation to this and when a referral was appropriate. The inclusion of policing and health professionals within the groups was particularly beneficial for this, as it clarified for attendees when would be appropriate to call in these services. The responses suggested trepidation at the idea of contacting the police regarding mental health concerns, but the discussions clarified when this would be appropriate, thus developing both understanding and confidence. This was not something built into the teaching of the course, but was reflected by attendees from a number of different deliveries. Allowing more time for these discussions to take place may be useful in future.

Next Steps

In course data collection will continue for all courses until May 2018, when 2 years of course delivery will have been completed. On-line follow up surveys will be sent to all attendees. Detailed long-term follow up interviews will be undertaken with attendees from a sample of course deliveries to learn from their experiences of being a MH First Aider. The final report will include feedback from the trainers on the inter-professional courses and it is hoped to interview a sample of managers whose staff have attended a course to learn about how course attendance might have impacted on the team/unit. The final detailed report will be available in late 2018.

Conclusions and Recommendations

This initial phase of the evaluation suggests that the MHFA training is a valuable learning experience for professionals from a variety of backgrounds, and this is enhanced by the mix of professionals in the group. The course provides attendees with an understanding of the experience of mental health issues and how to identify and respond to people who may be presenting mental health difficulties. Particularly valuable is the increased confidence which attendees report and the breaking down of stereotypes. Learning about local pathways of mental health is also welcomed.

Overall it seems clear that MHFA is perceived as valuable by those who receive the training, improving the confidence and knowledge of attendees. This is in line with the aims of the purpose of the project, suggesting it is successful. Follow up work shows that much of this knowledge is retained, and used within practice. This creates an argument for encouraging broader attendance of the training, with a greater range of professionals.

At the same time there are indications of learning points which could be considered to enhance future deliveries of the training and its ongoing value in the workplace.

- Some attendees were disappointed with the content of the course because it covered ground with which they were already familiar. Course advertising could give more information about the content of the course and who would benefit from attendance.
- MHFA course materials are a fixed package to be delivered as given and some participants felt more localised information would be valuable. The basic course materials could be augmented with information regarding local mental health support and care pathways and organisational contacts.
- Allowing time for discussion of particular issues that occur within the locality and how professionals currently address this is useful. Some course leaders did try to create time for these discussions, but this was dependent upon the initiative of these individuals rather than being a necessary aspect of the course.
- Inter-professional discussion is valued, but limited by the standard structure of the course. Consideration should be given to building in extra time for discussion of attendees' professions and how their service links to mental health.
- Links with other professionals are made within each course, but follow up suggests these are not maintained. The next phase of the evaluation will explore the extent to which such links need to be maintained and consider ways in which this might be achieved.

- Follow up work suggests a need for greater guidance to be provided to attendees and their managers to ensure the potential benefits of trained MH first aiders in the workplace are achieved. This includes formal acknowledgement of whether this becomes an acknowledged role within the individual's work, what support structures will be offered to the individual in this role, and how that role will be communicated to other members of staff.

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